

Panel stalemate ends OD laser use in VA facilities

The U.S. Department of Veterans' Affairs (VA) has rescinded a five-month-old policy that permitted properly trained and licensed optometrists to perform therapeutic laser eye procedures at its health care facilities under the supervision of ophthalmologists.

The action came after a multidisciplinary panel was unable to agree on exactly how that supervision should be handled.

"It is VHA policy that therapeutic laser eye procedures only be

performed by ophthalmologists with the requisite training and expertise," reads VHA

Procedures in Veterans Health Administration Facilities," issued Dec. 17.

is a reluctant one," said Secretary of Veterans Affairs Anthony J. Principi. "Since experts

administrative tie-up and maneuvering by medical groups.

"We are deeply disappointed in the VA's decision to restrict optometrists' laser privileges in the VA system," Dr. Pittman said. "This troubling action is unprecedented and not based on any evidence of quality of care concerns. In fact, the VA reviewed the cases of laser therapy performed by VA optometrists and found the outcomes met VA standards of care."

"This troubling action is unprecedented and not based on any evidence of quality of care concerns. In fact, the VA reviewed the cases of laser therapy performed by VA optometrists and found the outcomes met VA standards of care."

Directive 2004-070, "Performance of Therapeutic Laser Eye

"The decision I made to rescind optometrists' privileges

could not come up with an implementation plan agreeable to both specialties, I chose this path to protect the interest of veterans."

The American Academy of Ophthalmology Web site hailed the new directive as a "victory for patient safety at the VA."

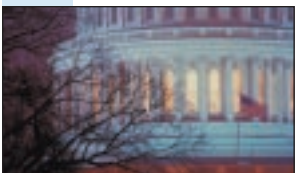
However, AOA President Wesley Pittman, O.D., said there is no evidence of safety problems related to laser procedures previously performed by optometrists in VA facilities.

Dr. Pittman attributed the abrupt VA policy change to an admin-

In August, the VA issued a policy that, had it been implemented, would have permitted optometrists who hold licenses authorizing laser eye surgery to perform those procedures when supervised by an

see VA, page 4

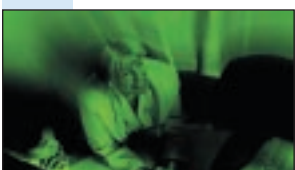
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American Optometric Association NEWS Online

AOA News launching online

With news that affects optometrists occurring faster than ever, and most ODs using the Internet frequently, AOA has launched a Web-based version of AOA News to keep AOA members well informed.

All visitors to www.AOANews.org will be able to read headlines and abstracts of the latest news affecting the profession. To get full stories, access archived articles and access links to AOA member benefits, ODs will need to log on with their member number and password, just as on AOA's main site. (Members can find their member number on each printed issue of the News, on the address label).

The AOA News Online will be completely new each month, reflecting what is in the print version, but also featuring Web-only stories and updates as often as news happens, so check in often.

We'll be reporting immediately from optometric meetings, be able to conduct polls and surveys, and continually update breaking stories.

The print version will continue of course, in the familiar format you enjoy now. Because we have a new avenue for communication, we will now publish 18 printed issues in 2005, (instead of 24) plus 12 monthly editions of AOA News Online as well as continuing updates.

As always, we want to hear from you! Send comments, story ideas, and queries to RAFoster@AOA.org.

At A Glance: Prevention

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Accumulated lead exposure, such as that commonly experienced by adults in the United States, may be an important unrecognized risk factor for cataract

Source: JAMA, December 8.

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Political power couple to launch Optometry's Meeting™

Coming on the heels of the hotly contested 2004 presidential election, the AOA— thanks to the generous support of Essilor —will welcome both sides of the political spectrum, and both sides of a marriage, at the 2005 Optometry's Meeting™, June 22-26.

Mary Matalin, former assistant to President George W. Bush and counselor to Vice President Dick Cheney, and James Carville, one of America's best-known

ongoing and incredibly important lobbying efforts," Dr. Hudson said. "The Opening General Session is the highlight of Optometry's Meeting™, so I encourage all to attend."

Before joining the Bush/Cheney White House, Matalin hosted CNN's critically acclaimed debate show, *Crossfire*. Mary Matalin is the former founding co-host of the Washington-based political weeknight talk show, *Equal Time*, which premiered in May 1993 on CNBC.

Matalin has made frequent television appearances as a political commentator, and has written for various periodicals including *Newsweek* and *The Los Angeles Times*. Matalin also co-authored the best-selling political campaign book *All's Fair: Love, War*

and *Running for President* with her husband, James Carville, who was the chief campaign strategist for Clinton/Gore in 1992. Her newest book, *Letters to My Daughters*, was released in April and has already been named a Book of the Month Club selection as well as a *New York Times* and *Washington Post* Bestseller.

After a hiatus from Washington to attend Hofstra Law School, Matalin returned to the Republican National Committee (RNC) in

1984, to serve as national voter contact director for the Reagan/Bush Campaign. She held senior positions in the George H. W. Bush 1988 campaign and, upon President Bush's election, was appointed chief of staff for the RNC.

In 1992, President Bush named her the deputy campaign manager for political operations. As deputy campaign manager, she was responsible for the overview and organization of all 50 state operations.

As the on-board planner who traveled with President Bush throughout the 1992 campaign, she emerged as the vocal, and occasionally controversial, defender of the president and his policies.

Carville's political consulting winning streak began in 1986, when he managed the gubernatorial victory of Robert Casey in Pennsylvania. In 1987, Carville helped Wallace Wilkinson win a hard fought gubernatorial campaign in Kentucky.

The following year brought Carville to New Jersey, where he guided Frank Lautenberg's campaign for United States Senate to victory, defeating Rhodes Scholar and Heisman Trophy winner Pete Dawkins. Carville next managed the successful 1990 gubernatorial campaign of Georgia's Lt. Governor Zell Miller,

see *Power Couple*, page 4



Mary Matalin



James Carville



political consultants, will keynote the Opening General Session on Thursday, June 23rd.

"We're extremely excited to have such high quality speakers addressing Optometry's Meeting™," said AOA Congress Executive Committee Chair Allan Hudson, O.D.

"People are very familiar with Mr. Carville and his intelligence and humor. Ms. Matalin is equally, if not more, sharp. Their insight into politics is invaluable to AOA's

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"This issue is not, and never has been, about quality of care concerns. Instead, it is about ophthalmology and organized medicine's desire to control optometry and prevent expansion in our professional responsibilities."

VA, from page 1

ophthalmologist.

In VA facilities, health professionals may request clinical privileges for services they are licensed to provide under state law.

Oklahoma licenses properly trained optometrists to perform laser procedures.

As a result, at least one VA Medical Center had been employing an Oklahoma-licensed optometrist to provide YAG capsulotomies since 2003.

The therapeutic laser privileges granted to that optometrist sparked a complaint from the American Academy of Ophthalmology to VA administrators in Washington, DC. However, the VA investigated and found that department policy assuring patient safety was being followed and that the clinical privileges were being granted appropriately.

Unsatisfied with the VA administrator's response, the AAO and other medical groups

lobbied for legislation to restrict laser use by optometrists in VA medical centers.

The Veterans Eye Treatment Safety (VETS) Act, (H. R. 3473) was introduced in November, 2003 by Rep. John Sullivan (R-OK), to amend Title 38 of the United States Code to stipulate that only licensed medical doctors and licensed doctors of osteopathy could perform eye surgery at VA facilities or under contract with the department.

The bill would have also restricted optometrists from performing many minor surgical procedures such as punctal dilation, epilation of lashes, and insertion of punctal plugs (see *AOA News*, Dec. 1, 2003). However, the legislation died in the House without a hearing.

A formal directive, issued by Jonathan Perlin, M.D., the VA's Acting Under Secretary for Health, on July 30 of last year initially

appeared to end the controversy, according to the AOA Advocacy Group.

The directive specifically stipulated that optometrists could perform therapeutic laser eye procedures under the supervision of an ophthalmologist as long as those optometrists have been properly trained to perform such procedures and appropriately licensed by a state regulatory agency.

However, the six-member VA panel, appointed to determine the terms of that supervision, was unable to agree on even basic concepts during its only face-to-face meeting in September. Subsequent teleconferences, involving the panel's three VA optometrists and three

VA ophthalmologists, proved equally fruitless. Details regarding the panel discussions are unobtainable.

Acting VA Under Secretary Perlin, who had formally issued the VA directive authorizing laser procedures by optometrists, subsequently issued a second directive rescinding it.

"This issue is not, and never has been, about quality of care concerns. Instead, it is about ophthalmology and organized medicine's desire to control optometry and prevent expansion in our professional responsibilities. It is regrettable the Department (of Veterans' Affairs) caved in to those self-serving motives," Dr. Pittman said.

Power Couple, from page 3

including a tough primary win over Atlanta mayor Andrew Young.

In 1991, Carville—who had already become prominent in political circles — drew national attention when he managed Senator Harris Wofford from 40 points behind in the polls to an upset landslide over former Pennsylvania Governor and U.S. Attorney General Richard Thornburgh.

With the startling and unpredicted Wofford win, Carville had exposed the political vulnerability of George Bush, who had been enjoying 91 percent approval ratings during the Gulf War.

Carville finished the job the following year, when he guided Bill Clinton to the presidency in 1992.

In 1993, Carville was honored as Campaign Manager of the Year by the American Association of Political Consultants.

After the Clinton victory, Carville began to

focus on foreign consulting.

James Carville is also an author, actor, talk-show host, speaker and restaurateur. In addition to *All's Fair: Love, War, and Running for President*, Carville's books include: *We're Right, They're Wrong: A Handbook for Spirited Progressives*; *And the Horse He Rode In On: The People vs. Kenneth Starr*; *Stickin'*; *Buck Up, Suck Up... and Come Back When You Foul Up*; *Had Enough? A Handbook for Fighting Back*; and his latest and first children's book, *Lu and the Swamp Ghost*, an adventurous tale of his mother's childhood, set in the Louisiana bayous.

Talk show host Carville can be seen regularly co-hosting CNN's *Crossfire* with hosts Paul Begala, Tucker Carlson, and Bob Novak.

Matalin and Carville reside in Virginia with their daughters, Matalin "Matty" Carville and Emerson "Emma" Carville.

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You work hard providing the best possible eye care to patients who depend on you. You need the latest up-to-date information. Get it from the most knowledgeable, experienced optometrists as they share their extensive clinical expertise with you. And after 4 hours a day of the finest education available, play just as hard, as you enjoy the best beaches, the finest fare, the most luxurious resorts and the release you deserve for working so hard.

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FDA approves new drug treatment for age-related macular degeneration

The Food and Drug Administration (FDA) announced Dec. 20 the approval of pegaptanib sodium injection (Macugen), a new therapy to slow vision loss in people with the eye disease neovascular (wet) age-related macular degeneration (AMD). Pegaptanib is a selective vascular endothelial growth factor (VEGF) antagonist.

"Macugen is among the first treatments to target the underlying biology of wet age-related macular degeneration," said Lester M. Crawford, D.V.M., Ph.D., acting commissioner of the Food and Drug Administration.

"Macugen provides a needed addition to the treatment of patients with this disease."

The FDA approval was based on findings from two pivotal Phase 2/3 randomized, multicenter, double-masked clinical trials involving approximately 1,200 patients with all subtypes of neovascular AMD.

The primary efficacy endpoint was the proportion of patients protected from three-line loss of visual acuity on the eye chart by week 54.

Results showed that among patients receiving 0.3 mg of Macugen, 70 percent lost less than three lines of vision on the eye chart, compared with 55 percent of patients receiving control treatment.

The results demonstrated a 27 percent relative treatment effect for Macugen treated patients compared to controls with respect to three-line loss. Macugen also helped limit progression to legal blindness, by 50 percent compared to controls, in the study eye.

Two-year clinical data from the studies demonstrated a continued treatment benefit with Macugen.

"Macugen provides a needed addition to the treatment of patients with this disease."

Serious adverse events related to the injection procedure included infections, retinal detachment, and traumatic cataract. Other frequently reported adverse events in patients treated with Macugen were eye irritation, eye pain, hemorrhage under the conjunctiva, and blurred vision.

The New Drug Application for Macugen was received and approved in six months according to the FDA.

Macugen therapy is being co-developed by Eyetech Pharmaceuticals, Inc. and Pfizer Inc. Eyetech and Pfizer will co-market the product in the United States.

According to the drug makers, "Macugen meets a major urgent unmet medical need and is the first therapy indicated for the treatment of all types of neovascular AMD, regardless of lesion subtype or size."

Until now, the only FDA-approved treatment was limited to the predominantly classic subtype of neovascular AMD, which accounts for up to 25 percent of the neovascular AMD patient population.

Macugen is a pegylated anti-VEGF aptamer, a single strand of nucleic acid that binds with specificity to a particular target. Macugen specifically binds to VEGF 165, a protein that plays a critical role in angiogenesis and increased permeability, two of the primary pathological

processes responsible for the vision loss associated with neovascular AMD.

Macugen is administered in a 0.3 mg dose

once every six weeks by intravitreal injection. Eyetech and Pfizer plan to make the treatment available in the first quarter of 2005.

According to the

drug makers, "Macugen was well-tolerated and the patients who entered the second year on the same therapy received over 90 percent of possible treatments over the two years of the study. This indicates strong compliance and acceptance to therapy. Most of the adverse events reported over the two years were mild in severity, transient and attributed by investigators to the injection procedure rather than the study drug."

Firm's latest products aid AMD detection, treatment

Carl Zeiss Meditec is touting a three-pronged program for combatting Age-related Macular Degeneration, which includes early detection, effective monitoring, and innovative treatment.

To monitor AMD-related structural changes, Carl Zeiss Meditec offers digital imaging devices such as the FF 450 Plus to perform fluorescein angiography to detect if newly formed or abnormal blood vessels found in advanced AMD patients would benefit from treatment. The company's Stratus OCT technology provides cross-sectional imaging of the back of the eye, allowing practitioners to view and precisely quantify the degree of fluid accumulation or retinal thickening associated with advanced AMD.

For treatment of patients already diagnosed with advanced AMD, Carl Zeiss Meditec's VISULAS 690s Laser activates a photosensitizing drug for Photodynamic Therapy (PDT), which may stop or slow vision loss from advanced AMD.

As a visual field analyzer, the PreView PHP bases its diagnostic capability on "hyperacuity," the inherent human ability to visually detect the misalignment of objects relative to other objects in space. According to Carl Zeiss Meditec, the PreView PHP bypasses several of the limitations of the Amsler Grid by:

- ❖ Randomly projecting an image on the touchscreen, eliminating the possibility of patient memorization.
- ❖ Eliminating "lateral inhibition" by flashing one line at a time, allowing the patient to detect distortions with greater accuracy.
- ❖ Eliminating the possibility for visual compensation by flashing images for just 160 milliseconds.
- ❖ Providing a normative database and objective means for evaluating whether a change in the visual field is actually sight-threatening.
- ❖ Providing monitoring in a clinical environment, ensuring correct and scheduled use, which is difficult with take-home tests.

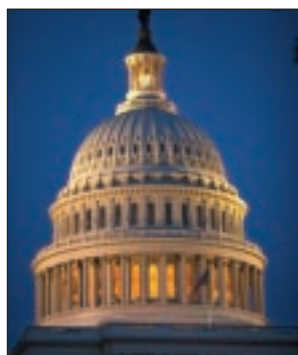
For information, visit www.meditec.zeiss.com.

108th Congress leaves profession altered, sets stage for new laws

Last year, with the adjournment of the 108th Congress, optometry saw action and inaction on many issues, measures, and legislation related to the profession.

Two optometry-related bills concerning vision benefits for federal employees and retirees, and the Individuals with Disabilities Education Act, were highlighted in the Dec. 27 *AOA News*.

Now for *AOA News*, the AOA Federal



Relations Committee (FRC) summarized what happened to the major measures related to optometry, as well as what happened to potential legislation you've been reading about throughout the last two years. See page one for full story on the latest details of the VETS bill.

National Eye Institute

During the recently completed lame duck session, the president signed the massive omnibus spending bill into law. Included in the law is funding for most health programs, including the National Eye Institute (NEI). NEI will receive \$674.58 million in funding for fiscal year 2005, an increase of

more than \$21 million over 2004.

While this falls short of the vision community's request of \$711 million, it represents progress in reaching an equitable funding level for NEI, the FRC said.

For details about the NEI funding, see the story on the next page.

Decorative contact lens regulation

Last November, the House of Representatives approved H.R. 2218 by unanimous consent.

This legislation, introduced by Representative John Boozman (R-AR), would clarify that decorative contact lenses should be regulated as medical devices under the Federal Food, Drug and Cosmetic Act.

This measure was introduced in response to a Food and Drug Administration (FDA) notice outlining plans to regulate these lenses as cosmetics because their regulation as a medical device was not supported by statute.

Rep. Boozman is an optometrist and an AOA member. He is serving his third term representing the Third Congressional District in Arkansas.

"We had hoped that the Senate would give swift approval to this important legislation," said Dr. Williamson.

"Senator Judd Gregg (R-NH), chairman of the Senate Health, Education Labor and Pension Committee at the time, worked to refine of the bill's language," he said.

Unfortunately,

despite the best efforts of Rep. Boozman, that refinement proved to be elusive and an agreement could not be reached to satisfy the chairman's concerns and clear the way for final passage.

Senator Gregg gave up chairmanship of the HELP Committee to take the gavel in the Senate Budget Committee. Senator Mike Enzi (R-WY) takes over as chairman of the HELP Committee.

"He has close ties to Wyoming's optometric community and we have a very strong keyperson relationship with him," Dr. Williamson said. "We believe that Sen. Enzi will be receptive to the Boozman legislation."

Association health plans

On two different occasions, the House approved legislation to allow small employers to form regional and national association health plans (AHPs) that would be exempt from state benefit and regulatory requirements.

H.R. 660 was approved in June 2003 by a vote of 262 to 162 and H.R. 4281 was approved in May by a vote of 252 to 162. A companion bill, S. 545, was introduced in the Senate, but no action was taken.

The AOA FRC told *AOA News* that the Senate has traditionally looked on AHPs with less favor than the House of Representatives.

"In fact, AHPs were not even included in the

recommendations that were issued in May by the Senate Republican Task Force on Health Care Costs and the Uninsured," said Dr. Williamson.

The AOA and other critics contend that the bill would undercut state insurance regulation and open the door to fraud. Nearly every organization representing state officials has come out against AHPs, including the National Governors Association (NGA), the National Association of Insurance Commissioners (NAIC) and the National Conference of State Legislatures (NCSL).

"President Bush was an enthusiastic AHP supporter on the campaign trail this fall and additional AHP supporters will be joining the Senate next month, so we will have our work cut out for us on this issue," Dr. Williamson said.

The AOA and other AHP opponents are reviewing alternatives that would enable small businesses to enjoy the benefits of larger risk pools without gutting state regulatory protections.

Children's eye exams

Congressman Bill Pascrell (D-NJ) introduced legislation last year to address the issue of eye examinations for school-age children.

The bill, H.R. 2173, was largely initiated by the Vision Council of America (VCA), which consulted with the AOA as the bill was being

see Legislation, next page



NEI wins 2.5% funding increase

Despite an overall spending freeze, a “zero percent growth” policy and across-the-board cuts in non-defense-related discretionary spending, the federal government is allocating a record \$669.5 in funding for the National Eye Institute (NEI) in the 2005 budget—up \$16.5 million from 2004.

The allocation represents a 2.5 percent increase for the entity which sponsors much of the nation’s eye research, as well as one of the few times the NEI has won a greater percentage budget increase than its parent agency, the National Institutes of Health (NIH).

NIH, the nation’s largest sponsor of health research, is allocated a total of \$28.4 billion for 2005, up \$560 million, or about 2 percent, from

this year.

Funding was allocated under terms of the federal government’s annual Omnibus Spending bill, signed Dec. 8 by President George W. Bush.

Increased NEI funding is among the AOA Advocacy Group’s top federal legislative priorities for this year.

AOA is among the members of the National Alliance for Eye and Vision Research (NAEVR), a coalition formed to coordinate Washington lobbying on behalf of eye research funding.

NEI’s above-average funding comes in the wake of a federally sponsored study showing the number of Americans with major eye diseases is increasing, and vision loss is becoming a major public health problem (see

AOA News, April 26).

Eye researchers have been among the most effective in producing breakthrough treatments for serious health conditions, according to James F. Jorkasky, the alliance’s executive director and a former research scientist. For example, recent studies have led to improved treatment for glaucoma.

The increase also comes as optometrists are playing a growing role in eye research. Optometrists played an important role in a recent glaucoma study and other major research, notes AOA Washington staff person John Whitener, O.D.

Approved Nov. 20 by both the House (on a 344-51 vote) and the Senate (on a 65-30 vote) the federal government’s fiscal year 2005 omnibus spending bill actually encompasses a series of nine appropriations bills consolidated under the Foreign Operations appropriations bill (H.R. 4818).

The final spending package totals \$821.9 billion and reflects a spending freeze or “zero percent growth” policy for all non-defense discretionary spending, implemented to meet spending targets agreed to by Congress and the administration.

Total discretionary spending in the bill is \$388.4 billion; any additional spending is paid for by an across-the-board 0.83 percent cut in all non-defense, non-homeland security spending and cancellation of other funding.

Prior to the 0.83 percent cut, the appropriated amount for the NIH for fiscal year 2005 was

\$28.6 billion—a \$800 million increase over 2004.

Before the 0.83 percent cut, the appropriated amount for 2005 the NEI stood at \$674.6 million—which would have represented a \$21.5 million, or 3.3 percent, increase over the \$653 million the institute received for the 2004 fiscal year—again more than the 2.9 percent sought by the administration and the House but less than the 4.4 percent increase initially approved by the Senate.

Applying the 0.83 percent cut to the NEI appropriated amount, the NEI appropriation was reduced to \$669.5 million, reflecting a net 2.5 percent increase over fiscal year 2004.

Those funding levels could still be subject to some reduction as the result of “program transfers,” Jorkasky notes.

The House-Senate Conference Committee which developed the final spending package is allowing the director of NIH to direct up to 1 percent of appropriations to designated activities such as the ongoing development of an NIH “research roadmap.”

Despite the increase, NEI’s fiscal year 2005 funding still falls short of the \$711 million sought by AOA and NAEVR as part of a long-term plan to double NEI’s funding from its 1998 level.

Both the AOA Advocacy Group and NAEVR promise further NEI funding increases will be back on the legislative agenda for 2005.

Legislation, from page 6

prepared.

The bill would have made grants available to states for providing comprehensive eye examinations to school-age children and to develop and disseminate educational materials on the benefits of such examinations.

The bill would require an optometrist or ophthalmologist to provide these comprehensive eye examinations.

Rep. Vito Fossella (R-NY) introduced a competing version of this legislation. His bill, H.R. 3602, would have provided support for eye examinations for children who “have been identified by a

licensed health care provider or certified vision screener as needing such services.”

No legislative action occurred on either bill.

Medicare Modernization Act

After passing the milestone Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Congress took a breather from Medicare issues last year. However, AOA expects to see a “technical corrections” bill. The AOA FRC will be closely monitoring developments on the technical bill.

CMS announces changes to Medicare managed care program

The U.S. Department of Health and Human Services (HHS) is hoping prescription drug benefits and preferred provider organizations will bring new life to Medicare's managed care program.

However, some insurance company executives—whom the U.S. Centers for Medicare and Medicaid Services (CMS) are ultimately relying on to provide managed care services under Medicare Advantage on a contract basis—wonder if the program will be able to retain participating plans or attract patients any better than it did when it was known as Medicare+Choice.

Moreover, they wonder if Advantage will be able to attract the health care providers necessary to

maintain viable PPOs, expand the managed care program to rural areas, and thereby attract potentially millions of new beneficiaries as Medicare administrators hope.

The AOA Federal Government Relations Committee and AOA Eye Care Benefits Center (AOA-ECBC) are studying the Medicare Advantage program as well as possible strategies optometrists might use in approaching potential bidders in each region.

Revamped and renamed under the Medicare Modernization Act of 2003, the Medicare managed care program is to begin offering a combination of comprehensive health care and prescription coverage through either combinations of PPOs and prescription cover-

age plans or, where possible, PPOs that provide both health care and drug coverage.

The old Medicare+Choice program provided coverage through HMOs.

Although the Medicare Advantage name is already in use, the new coverage system is to begin in 2006.

Key to the new program is a system of regional administration, announced Dec. 8 and designed to make sure coverage is available virtually everywhere across the U.S.

The health care side of the program is to be administered through 26 designated managed care regions, most encompassing one or two states. Pharmaceutical coverage similarly will be administered through 34 service regions.

In order to become Medicare's PPO provider for any given region, a health plan will have to demonstrate that it can provide access to care in every part of that region.

Under Medicare+Choice, HMOs have often offered care on a county-by-county basis. As a result, coverage has been unavailable in many areas, particularly in rural localities, and it has often been difficult for beneficiaries to tell what plan was providing their coverage.

In addition, a number of important HMOs, reportedly unhappy with reimbursement levels or CMS administration of the plan, dropped out of Medicare+Choice, making coverage even spottier.

CMS say 35 new plans have already applied to participate in Advantage in 2005 and 22 have applied to serve

an expanded geographic area. That alone could bring 1.6 million Medicare beneficiaries into the managed care program, they say.

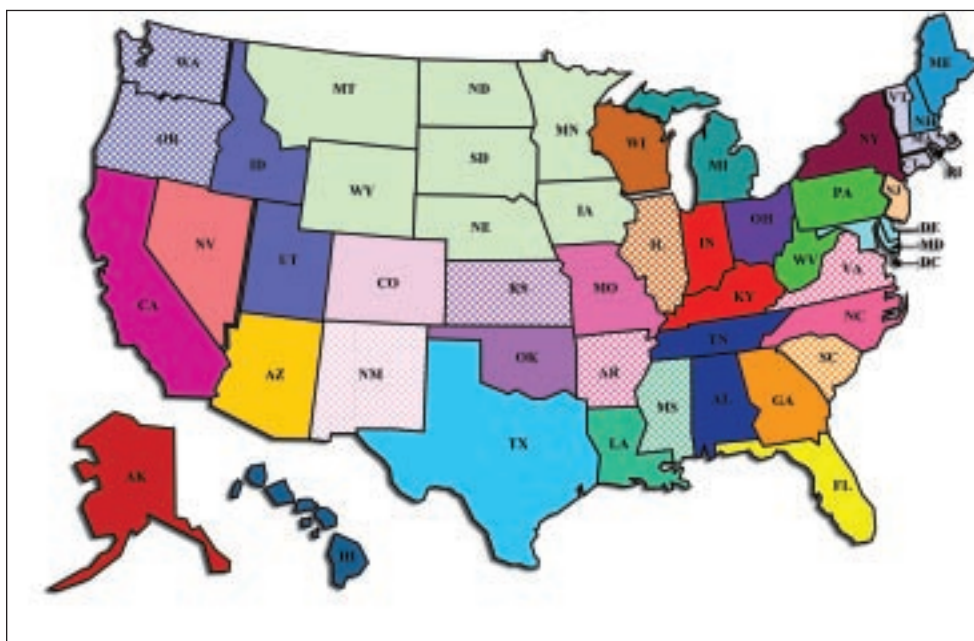
But whether plans choose to stay with the program may ultimately depend on reimbursement rates which, although now based on Medicare fee-for-service rates and subsidized out of a special fund, are expected to come down next year as the result of competitive bidding, even with a planned retention bonus.

Meanwhile, many insurance industry executives wonder if health care practitioners, particularly in rural areas with a limited number of care providers, will be anxious to join PPOs and accept lower reimbursements to see the same Medicare patients they might see anyway under the Medicare fee-for-service program.

"We often struggle to recruit Medicare beneficiaries that have been in Medicare plans for many, many years or were disillusioned when many plans left the marketplace," said Keith Dines, president and chief operating officer of the Arizona-based regional insurance company, Sun Health. "We also struggle with billing provider networks in rural areas. There are many, many plans and many instances where you have had difficulties contracting with providers."

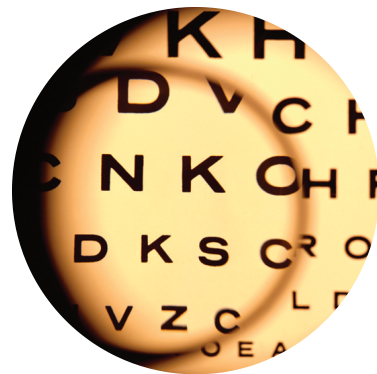
CMS plans to publish regulations for the new Medicare Advantage plans this month in the *Federal Register*.

The agency plans to have the new managed care programs organized and ready to offer the public by June 6.



Regional Medicare PPOs, Prescription Drug Plans

The Medicare Modernization Act requires a number of changes to the Medicare program, including the addition of Medicare prescription drug plans (PDPs), as well as the addition of regional Medicare Advantage (MA) plans under the new Medicare Advantage program. To implement both new programs, the Centers for Medicare and Medicaid Services has defined the regions for MA regional plans and PDPs. An MA region is one color. A difference in shading indicates that there are multiple PDP regions nested within the MA region. No change indicates that the MA and PDP regions are the same. For example, Wisconsin and Illinois are in one MA region; they are each a separate PDP region. Each territory is its own PDP region.



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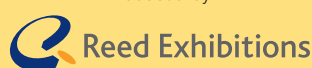
Exhibit Hall: March 11-13, 2005

Jacob Javits Center, New York, NY

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What is InfantSEE™?

InfantSEE™ will be a public health program designed to ensure that optometric eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life. Please fill out the information below to sign up as an InfantSEE™ Provider or register at www.aoa.org.

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State: _____ Phone: _____

E-mail: _____

Return the form to: Betsy Zatkulak

InfantSEE™ Provider sign-up, 243 N. Lindbergh St. Louis, MO 63141 Fax: (314) 991-4101

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• SECURE STARTSM

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• SHORT TERM MEDICAL

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American Optometric Association

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AD&D, Term Life and HIP Plans are underwritten by The Hartford Life Insurance Company.
EA+ coverage provided by Medex Assistance Corporation.
Short Term Medical is underwritten by Fortis.

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601-03 ADR 851-2003

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13331

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Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone#: () _____ Date of Birth: _____ / _____ / _____

To receive the facts* about these plans, just fill out this form and send it in a stamped envelope to:

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OR call 1-800-245-4454, and use promo code 3279 and a Benefit Representative will assist you.

*Including costs, exclusions, limitations and terms of coverage.

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ADR 851-2003

Vision Care Section of the APHA seeks award entries

The Vision Care Section (VCS) of the American Public Health Association invites nominations for the Distinguished Service Award, the Outstanding Scientific Paper/Project Award, and the Outstanding Student Paper/Project Award.

The Distinguished Service Award:

(Sponsored by Vistakon) The highest honor the Section can bestow is presented to a person, institution or group who has made an outstanding contribution or demonstrated continual high quality service in the area of public health eye/vision care.

The Outstanding Scientific Paper/Project Award:

This award recognizes a person, group, or institution that has contributed significantly to the advancement of eye/vision care in the public health field.

The Outstanding Student Paper/Project Award:

(Sponsored by BSK - Beta Sigma Kappa) This award recognizes a student or group of students that has contributed significantly to the advancement of eye/vision care in the public health field.

Awards recipients will be honored during the APHA annual meeting in New Orleans, Nov. 5 -9, 2005

Nominations are requested by March 31, 2005 and should include a narrative statement of 250 words or less with each nomination along with a copy of paper/project to be considered

Nominations should be sent to: Dr. Satya B. Verma, Chair, VCS Awards Committee
PCO, 8360 Old York Road, Elkins Park, PA 19027 (215) 780-1345, fax: (215) 780-1327, satya@pco.edu

Essilor lens receives AOA Seal of Acceptance for UV Absorbers/Blockers

Essilor of America's Thin & Lite® 1.67 is the newest recipient of the Seal of Acceptance for Ultraviolet Absorbers/Blockers by AOA's Commission on Ophthalmic Standards (CmOS).

"Receiving this kind of recognition only reinforces to the industry and to consumers that Essilor is dedicated to protecting our patients from naturally occurring environmental ultraviolet (UV) radiation and ocular damage it can cause," said

Mike Daley, president of Essilor Lenses.

"The Seal will help validate eye care professionals' recommendations while aligning their practice with the best that the industry has to offer."

Essilor says its Thin & Lite® 1.67 offers better UV protection than other lenses due to the UV blocking agents (396 nm UV cut off) already built into Essilor's lenses.

The AOA's Seal of Acceptance for Ultraviolet Absorbers/Blockers is the newest category in the AOA Seal of Certification and Acceptance Program, which was established more than 10 years ago to provide evaluation of ophthalmic-related products.

Products meeting the new Seal's criteria provide substantial protection of the eye from naturally occurring environmental ultraviolet (UV) radiation.

The AOA's Commission on

Ophthalmic Standards specified the minimum requirements and test procedures for acceptance of products for the AOA Seal of Acceptance for Ultraviolet Absorbers/Blockers.

To receive the Seal, Essilor supplied the Commission with Thin & Lite® 1.67 lenses for an independent evaluation to test that the product meets or exceeds the requirements for UV absorption/blockage.

For acceptance, AOA requires that the product must not transmit more than 1 percent

UVB (290 to 315 nm) or UVA (315 to 380nm), nor more than 0.2(Tv) [where Tv is the luminous transmittance] short wavelength VIS (380 to 400nm).

In addition, each product must meet all appropriate ANSI and International Organization for Standardization (ISO) standards for its product category to qualify for acceptance.

Transitions Optical, Inc.'s Transitions® Lenses were the first product to earn the AOA Seal of Acceptance in this category in April 2004 and has already promoted the acceptance widely.

In November 2004, Signet Armorlite became the second company to receive approval for the AOA UV Seal of Certification and Acceptance Program.

Essilor says Thin & Lite® 1.67 will be promoting the AOA UV Seal in trade ads and sales aids.

CmOS says the pur-

pose of the AOA Seal of Certification and Acceptance program is to provide for voluntary product evaluation in order to inform the purchasers and users of ophthalmic-related products that those products meet generally accepted standards or specifications.

Currently, practitioners and the public must rely on manufacturers' claims and quality control standards.

According to CmOS, an impartial

evaluation of products informs consumers that the products prescribed or purchased meet minimum standards or specifications; it assists practitioners in selecting products or equipment for use in their practices; and manufacturers are able to substantiate safety and usefulness of their product based on an independent evaluation.

For information, visit www.essilorusa.com.



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- ❖ Premium credits for group practices
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- ❖ Defense reimbursement



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I-800-882-2262 for the Business Owner's Package.

*Or, visit **www.proliability.com/aoa1***
for more information.

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Underwritten by: Chicago Insurance Company,
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Paraoptometric section launching array of new member benefits

The AOA Paraoptometric Section this year is launching an array of continuing education options, designed specifically for paraoptometric members.

❖ **Practice Management 101**—the first in a series of home-study, continuing education programs on CD-ROM—covers the basic concepts of optometric office operations that every paraoptometric should know.

Released Jan. 1, the course is applicable both as a training program for new staff and a refresher for experienced paraoptometrics.

After participating in the course, staff have the ability to earn one hour of continuing education credit by completing the examination that is included with the CD-ROM.

Eight additional CD-ROMs are planned.

❖ **On-line Education**—Available through the AOA Web site (www.aoa.org), courses will cover a variety of topics including, "Computer Vision Syndrome," "The New ANSI Standards," "The Paraoptometric's Role In A High Tech Office," and "Patient Care and Management."

Each course will be worth one hour of continuing education credit, accepted by the AOA Paraoptometric Certification Program, and will be awarded for successful completion.

Staff can take part in up to six courses on a quarterly basis. The first courses will begin in April and will be available to AOA Paraoptometric Section

members only.

❖ **AOA Paraoptometric Section E-News**, the section's quarterly electronic newsletter, offers continuing education articles and an exam in each quarterly edition. Staff must be members in good standing of the AOA Paraoptometric Section to receive the quarterly newsletter.

❖ **New study materials for the Certified Paraoptometric Assistant (CPOA)**

Examination—Revised for the first time since 2000, the materials are designed to help paraoptometrics pass the written examination required for the AOA Paraoptometric Certification Program's second level of certification.

CPOA certification is designed primarily for those who have worked as certified paraoptomet-

rics (CPOs) for at least six months. However graduates of formal assistant education programs (or even students in their last semester of study in such programs) can sit for the CPOA examination without meeting the work requirement.

More than 6,000 paraoptometrics have been certified through the AOA Paraoptometric Certification Program in just the first four years the program has been offered, according to the AOA Commission on Paraoptometric Certification (CPC).

Many of those are expected to seek more advanced certification over the coming year.

The self-study materials include a self-assessment exam worth 24 hours of continuing education credit. The

new materials are scheduled for release in April.

❖ **Optometry's Meeting™** :—Some 60 hours of continuing education courses, intended specifically for paraoptometrics, will be offered at this year's Optometry's Meeting™: the 108th Annual AOA Congress and the 34th Annual American Optometric Student Association Conference, June 25-26, in Dallas.

The AOA Paraoptometric Section will continue developing new continuing education programs, available in a variety of forms, so virtually any paraoptometric can find it convenient and practical to stay abreast of the information he or she needs to help provide better patient care and achieve greater practice management efficiency.

For further information on paraoptometric continuing education programs or AOA Paraoptometric Section membership contact staff person Tarah Remington at (800) 365-2219, ext. 222. or tremington@aoa.org.

Paraoptometric of the Year: Honor in the profession

Since the 1980s, the Paraoptometric of the Year Award has been given to a deserving section member who expressed dedication to paraoptometry through community service and local professional development.

"It's always an honor and very heartwarming to receive any award, but receiving the AOA Paraoptometric of the Year Award was special," said 2003 award recipient Sue McAteer, CPOT. "This award was given to me by my peers. It represented and recognized my accomplishments as seen by my fellow paraoptometrics."

The AOA Paraoptometric of the Year Award has been provided by a grant from CIBA Vision, A Novartis Company, for 11 years. Rick Weisbarth, O.D., vice president of professional services of North America for CIBA Vision is one of the Awards Committee judges. Dr. Weisbarth serves with the AOA Paraoptometric Section Liaison Trustee, Joe E. Ellis, O.D., and Elaine Bowers, CPOA, Awards Committee Chair.

"An honor, such as the AOA Paraoptometric of the Year Award, shows the paraoptometric receiving the award is valued in his or her community, the optometric practice, and among the profession," said Ms. Bowers.

Visit the AOA Web site, www.aoa.org, to complete the nomination form. Nominations must be received on or before Feb. 11, 2005. The award recipient will be honored during the section's Award Luncheon at Optometry's Meeting™ in Dallas, TX. For more information, contact the AOA Paraoptometric Section at (800) 365-2219, ext. 222 or by e-mail at PS@aoa.org.



Member alert: Invoice scam

Some optometrists have reported getting fake invoices from a Naples, FL company calling itself the National Subscription Bureau. The forms look like bills for AOA coding manuals, but AOA's order department is at 243 N. Lindbergh, St. Louis MO 63141, and on the web at www.aoa.org.

Industry Profile: VSP

Nearly 50 years ago, nine optometrists in the San Francisco Bay Area, committed to increasing the community's access to quality eye care, came up with the idea of prepaid vision care benefits. The result was the creation of a not-for-profit company known today as Vision Service Plan (VSP).

At VSP, we believe that the private-practice eye care professional delivers the best, personalized care and value that consumers expect. The VSP family of companies, in concert with private-practice doctors, are committed to this belief, and work collaboratively to offer the best and most competitive eye care delivery system in the marketplace.

These separate but related companies increase the consumer value delivered through private-practice doctors, while enhancing their own business and competitive success. The companies work closely together to redefine the leading and best practices for delivering products and services to the private practice, while innovating and competing within their respective fields of business.

The VSP family of companies includes:

- ❖ Eyefinity is the online business center for the industry and the central eye care information source for consumers. It is dedicated to bringing proven marketing, business management and information services to all private-practice eye care doctors, suppliers and consumers.
- ❖ Altair Eyewear is focused on delivering the most innovative frame technologies coupled with recognized brands to all private-practice doctors, while providing a unique service and delivery system to VSP doctors that significantly enhances the profitability of their practices.
- ❖ VSP Labs bring the highest quality, fastest service and value pricing to all private-practice doctors, with special programs available for VSP doctors. It leads the industry in the successful adoption of new technologies and production processes, service turnarounds and logistics, as well as processing a substantial amount of VSP lab orders to support the competitiveness of the VSP programs.

Together, the VSP family of companies pioneer and lead the industry in how total eye care is best delivered through the work of the private-practice eye doctor. With VSP providing patients to private-practice doctors, and the other companies providing business enhancing services and products to the industry, we believe that the private-practice channel of eye care delivery will thrive, grow economically attractive, and be the most innovative in the future.

From the exceptional benefits and services VSP provides, to the superior doctor network offered, the vision of nine optometrists 50 years ago remains the foundation for VSP today—providing quality eye care and materials with outstanding service and value to the patient.

Industry Profile is a regular feature in AOA News allowing members of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.



Advanced Medical Optics, Inc.

Alcon Laboratories, Inc.

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America, Inc.

HOYA

Luxottica Group

Marchon Eyewear, Inc.

Signet Armorlite, Inc.

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon

Transitions gets AOA seal for more lenses

In December 2004, Transition Optical received permission to use the AOA Seal of Acceptance for Ultraviolet Absorbers/Blockers for four additional lenses.

"Transitions has always been committed to making everyday UVA and UVB blockage of the highest importance throughout our product development process, and the Transitions V Lenses were no exception," said Grady Lenski, commercial strategy & operations director, Transitions Optical, Inc.

"We're pleased that our latest technology now has external validation that it meets the AOA's standards for UV absorption and blockage. We continue to believe that the AOA Seal is a valuable tool to help eyecare professionals discriminate among healthy vision solutions and educate patients about the importance of selecting eyewear that offers UV protection."

In April 2004, Transitions became the first company to receive permission to use the Seal. Today, the company has permission to use the Seal on 14 of its products.

The new Transitions lenses with the AOA Seal of Acceptance:

- ❖ Transitions V 1.67 (Gray)
- ❖ Transitions V 1.67 (Brown)
- ❖ Transitions V Polycarbonate (Gray)
- ❖ Transitions V Polycarbonate (Brown)

For more information, visit www.transitions.com.

Alcon submits Retaane drug applications to FDA

Alcon, Inc. has submitted the third and final reviewable unit of its New Drug Application (NDA) for Retaane® 15 mg (anecortave acetate for depot suspension) to the U.S. Food and Drug Administration (FDA).

The application is subject to formal acceptance by the FDA, which could take up to 45 days from the date of submission. Alcon is seeking approval of the drug as a treatment for patients with subfoveal choroidal neovascularization due to age-related macular degeneration.

In the U.S., Retaane® depot is being reviewed under the FDA's new Pilot 1 Continuous Marketing Application (CMA) program for fast track designated products, which allows designated NDAs to be submitted in specified reviewable units as each is completed, with each assigned its own six-month review target.

The FDA has completed its initial review of the Retaane® depot Chemistry, Manufacturing and Controls unit, which was filed in 2003, and the Pre-Clinical unit, which was filed in March of 2004.

Alcon has responded to all questions posed by the FDA to date. The FDA also has completed its pre-approval inspection of Alcon's manufacturing facility, with no negative findings.

For more information, visit www.alconlabs.com.

Industry News



Essilor enhances Varilux small-frame Ellipse

Essilor of America, Inc. says its Varilux® Ellipse, the shortest and widest progressive lens on the market, now offers even more benefits for the small frame wearer.

Essilor is introducing Varilux Ellipse Thin & Lite® 1.67, offering eye care providers (ECPs) fitting those patients wanting rimless small frames or those patients requiring small frames with a HI lens—an even thinner profile option than before. The hard coat version is now available to all independent Varilux laboratories enabling ECPs greater opportunity to meet increased demands for the popular lens.

According to Essilor, Varilux Ellipse reaches 85 percent of the power at only 9.5mm and features a minimum recommended fitting height of only 14mm. Now available in Thin & Lite 1.67, Varilux Ellipse lenses are also compatible with the anti-reflective and hydrophobic properties of Crizal Alizé.

"With the introduction of Varilux Ellipse Thin & Lite 1.67, Ellipse becomes the indisputable lens of choice for all small frame lenses...whether their rimless or not," said Mike Daley, president of Essilor Lenses.

Varilux Ellipse Thin & Lite 1.67 is available in base curves 1.75/2.75/3.75/5.25/6.50/8.00) with a power range of +8.00D to -12.00D in 0.75 to 3.00 adds.

For more information, please see www.essilorusa.com.



The Viva International has unveiled the latest GANT Eyewear collection. Designed specifically for any face frame, the trio features spring hinges and patented magnetic technology. This grouping is available in a variety of colors including: classic black on crystal, nautical navy, deep burgundy, basic brown, and demi amber. www.vivagroup.com



Luxottica says its latest Vogue sun collection is distinguished by its attention to detail in design and its innovations in style. The VO 2360S features wide spatula temples and a striking color-coordinated enamel/metal insert that bears the "vogue" name at the temple. This feminine style features multi-layers of color. Visit www.luxottica.com.

Nationwide recall of American Health and Herbs Ministry eye rinse products

The U.S. Food and Drug Administration (FDA) and Alternative Health & Herbs Remedies have announced a nationwide recall of all lots of four American Health & Herbs Ministry brand eye rinse products, according to an alert sent today from MedWatch, the FDA's safety information and adverse event reporting program.

Consumers are advised to refrain from using these products as

eye drops or eye washes as they may not be sterile.

The recall is based on an inspection by the FDA, which concluded that manufacturing conditions and controls were insufficient to produce a sterile ophthalmic product.

Non-sterile eye drops are associated with an unacceptable risk of eye infections that in rare cases may lead to blindness.

The recall affects all two- and eight-oz. bottles of Eye Rinse

Concentrate formula 1036, White Willow Bark 3193, Fennel Seed 3126, and Elderberry Flower 3247 live concentrated herbal tinctures.

Approximately 300 bottles have been distributed nationwide since 2002.

Recalled products may be returned to Alternative Health & Herbs Remedies, P.O. Box 217, Albany, OR 97321.

Alternatively, they may be discarded and a purchase receipt sent to the company for a full

refund. Further information may be obtained by calling Alternative Health & Herbs Remedies at 1-800-345-4152.

Adverse events related to the use of American Health & Herbs Ministry eye rinse products should be reported to the FDA's MedWatch program by phone at (800) FDA-1088, by fax at (800) FDA-0178, online at <http://www.fda.gov/medwatch>, or by mail to 5600 Fishers Lane, Rockville, MD 20852.



Calendar

Call for Posters at Optometry's Meeting

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 108th Annual AOA Congress & 35th Annual AOSA Conference: Optometry's Meeting™.

Poster abstracts must be submitted electronically by Feb. 18, 2005. For more details and an electronic submission form, log on to www.optometrismeeeting.org and click on "Call for Posters". Contact ContinuingEd@aoa.org.

January

GOLD COAST EDUCATION RETREAT Jan. 22-23, 2005
Westin, Ft. Lauderdale, FL
Broward & Dade County
Optometric Association
(800) 399-2334
<http://www.browardeyes.org>

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY & SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY ISLAND EYES EDUCATIONAL CONFERENCE Jan. 23-29, 2005
Sheraton Maui Lahaina, HI
College of Optometry Continuing Education c/o Steve Fletcher 503/ 352-2144, 1-877-PAC-UNIV (722-8648) x2144 fletcher@pacificu.edu, jeanne@pacificu.edu
fax: (503) 352-2929

AEA CRUISE SEMINARS
Sponsors: Illinois Optometric Association, Chicago
Northside Optometric Society, Advanced Eyecare Associates
Western Caribbean
Jan. 29- Feb. 5, 2005
Eastern Caribbean
Jan. 29- Feb. 5, 2005
South America
Jan. 29- Feb. 5, 2005
Dr. Mark Rosanova, President
(888) 638-6009

CONNECTICUT ASSOCIATION OF OPTOMETRISTS ANNUAL CONFERENCE Jan. 30-31, 2005
Mohegan Sun
Mohegan Sun Boulevard
Uncasville, CT
Roberta Graft
CAE (860) 586-7508
rgraft@cao.org
fax: (860) 586-7550

February

HEART OF AMERICA CONTACT LENS SOCIETY
Feb. 10-13, 2005
Kansas City MO
Roy Roberts O.D.
8150 E Douglas Ste. 50-60
Wichita, KS 67206
Regist2@hoacils.org

PALM BEACH COUNTY OPTOMETRIC SOCIETY PALM BEACH WINTER SEMINAR
Feb. 11-13, 2005
Marriott
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INTERNATIONAL VISION EXPO EAST, March 10-13, New York
www.visionexpoeast.com

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SNOWVISION March 16-19, 2005
Marriott Resort and Spa, Vail Colorado 866/658-1772
<http://www.revoptom.com/>

OPTOMETRIC PHYSICIANS OF WASHINGTON ANNUAL CONVENTION March 16-19, Bell Harbor International Conference Center, Seattle, (425) 455-0874,
opw@eyes.org www.eyes.org

NEW JERSEY CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY GOLF CONFERENCE, March 16-20, Hilton Embassy Suites at Kingston Plantation, Myrtle Beach, SC (732) 920-0110, Fax (732) 920-7881, dhl2020@aol.com

EURO-OPTOMETRIC REHABILITATION ASSOCIATION NORA ANNUAL MEETING March 18-21, 2005
Palmer House Hilton Chicago, IL
Dr. Kevin M. Chauvette
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SOUTHWEST COUNCIL OF OPTOMETRY EDUCATIONAL CONFERENCE AND EXPOSITION March 18-20, 2005
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Chris Halsten (515) 222-5679
chrish@iowaoptometry.org
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April 7 Binocular Vision and Pediatrics Forum, including Diagnosis & Management of Visually-Related Learning Problems and A Model for Managing Vision Therapy Cases
April 8 Children's Learning Forum
including Lessons from the childhood programs of Reggio Emilia, Italy; and Unseen Visual Problems, Unmet Needs
Holiday Inn on the Lane, Columbus, OH
Dr. Marjean Taylor Kulp
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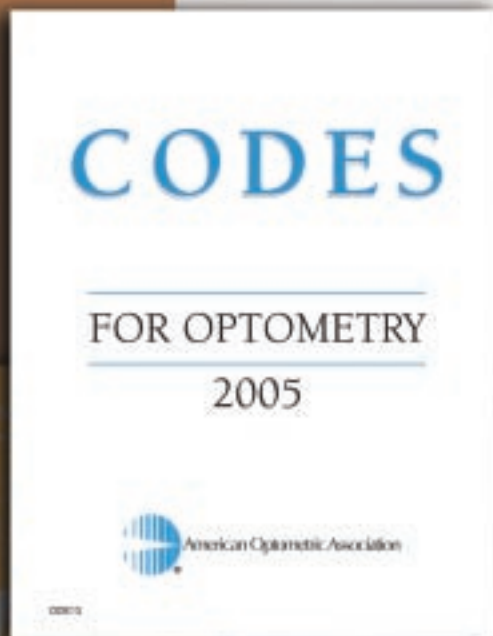
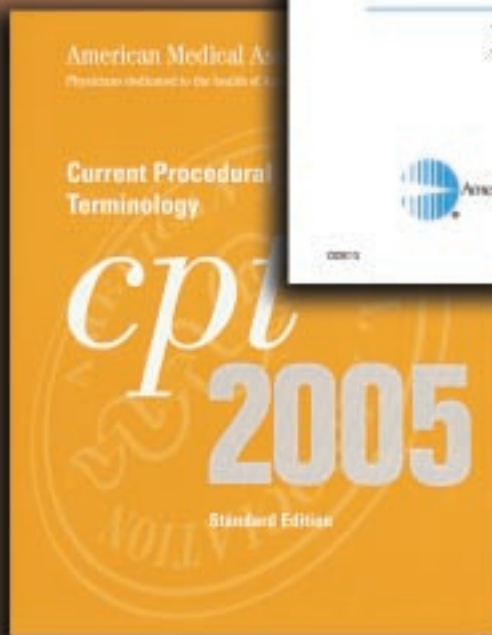
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Candidates should have a doctorate in optometry, be licensed to practice, and be eligible for appointment at the rank of tenured Associate Professor / Professor. Additional advanced degrees, such as M.S., M.P.H., or Ph.D., are desirable but not required. Candidates should have a record of leadership and administrative ability, including experience in personnel management, budgeting, didactic and clinical teaching, curriculum design, assessment of teaching quality, and research.

Applications should include 1) a statement of the attributes that make the individual an exceptional candidate to serve as Department Chair, 2) a *curriculum vitae* detailing the candidate's qualifications, and 3) the names and contact information (address, phone, and email) of three individuals who could expand on the potential of the candidate to lead the Department of Optometry. Applications submitted by email are acceptable. Applications or nominations should be sent to:

**Joseph B. Fleming, O.D. • Chair, Search Committee
UAB School of Optometry • HPB 112
1530 3rd Avenue South • Birmingham, AL 35294-0010
phone: 205-934-3036 • email: fleming@uab.edu**

For full consideration, nominations and applications should be received before March 15, 2005; however, nominations and applications may be accepted after that date.

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Responsibilities will depend upon the unique qualifications and interests of the applicant, but may include clinical care, laboratory teaching, lecturing, and research. The successful candidate will also serve as a member of the professional staff of The New England Eye Institute and may provide care in a variety of settings including community health centers, schools, hospitals and other health facilities in the greater Boston area.

The successful applicant will have a demonstrated expertise in binocular vision and vision therapy, a commitment to excellence in clinical care, a record of scholarship and a clear potential to assume a leadership role in a dynamic health care and educational environment. Faculty rank and salary will be commensurate with experience.

Applicants should submit a letter of application and curriculum vitae by 1/20/2005 to:

Dr. Bruce Moore, Chair of the Faculty Search Committee
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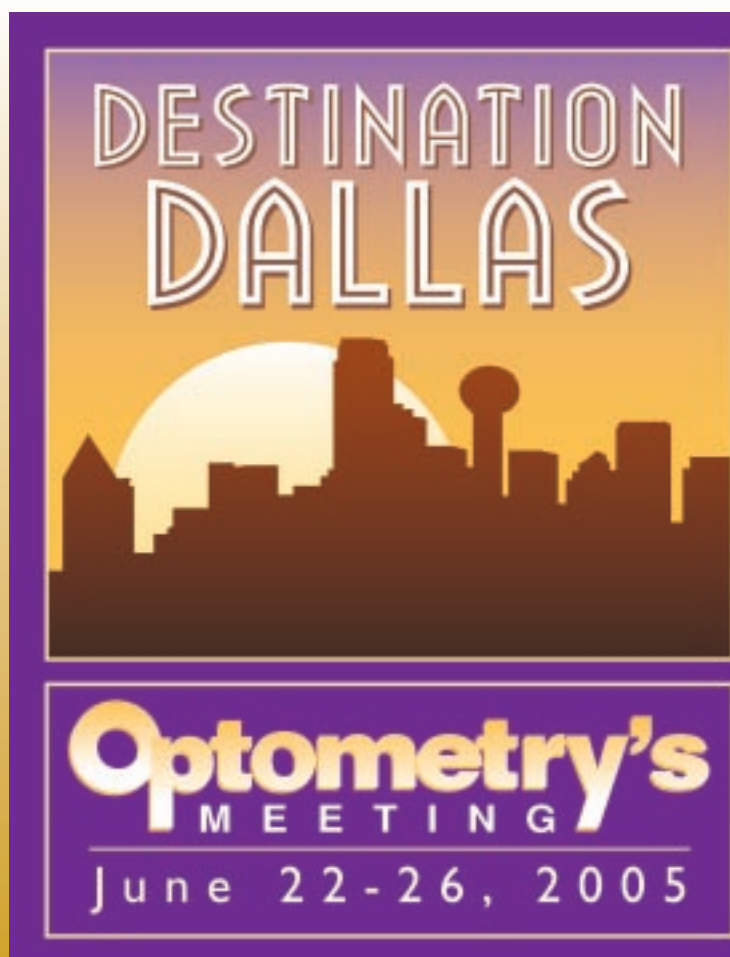
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Maria Ahrens, Administrative Assistant

University of Missouri-St. Louis, College of Optometry

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